

**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
OFFICIAL REPRESENTATION FUND REQUEST**

DATE OF REQUEST: _____

TO: PRESIDENT

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

APPROVED/DISAPPROVED

OFFICIAL REPRESENTATION FUNDS ARE REQUESTED FOR:

DATE OF FUNCTION: _____

ESTIMATE COST: _____

NATURE OF FUNCTION (e.g., luncheon, dinner, ceremony, official gifts):

NUMBER OF HOSTS: _____

NUMBER OF GUESTS: _____

HOSTS (name & title):

GUESTS (name, title, & organization):

NOTE: If guests are coming to USUHS on invitational travel orders please provide a copy of those orders. If the requested function is a meal, the travel orders must indicate that a meal will be provided at government expense. If the function involves less than 30 persons, at least 20% must be honored guests (or members of their party). For 30 or more persons, at least 50% must be honored guests (or members of their party).

POINT OF CONTACT (POC)(name & telephone number):

REQUESTOR'S SIGNATURE:

REQUESTOR'S NAME/TITLE/

DEPARTMENT/TELEPHONE:

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
OFFICIAL REPRESENTATION FUND REIMBURSEMENT REQUEST

DATE OF REQUEST: _____

TO: DIRECTOR, FINANCIAL & MANPOWER MANAGEMENT
USUHS, ROOM A1040B

REIMBURSEMENT FOR OFFICIAL REPRESENTATION ACTIVITY IS REQUESTED FOR:

(Please attach the USUHS Form 7007-A, documenting approval of the original request.)

REQUEST REIMBURSEMENT BE MADE IN THE AMOUNT OF \$_____.

RECEIPTS ARE ATTACHED TO SUPPORT THIS CLAIM.

PAYMENT SHOULD BE MADE TO:

NAME:

ADDRESS:

POINT OF CONTACT (POC)(name & telephone number):

DEPARTMENTAL CERTIFICATION:

DATE: _____

I certify this payment is valid and appropriate for
the use of Official Representation funds.

Signature of departmental chairperson:

Name/title/department of signer: